



**California State Board of Pharmacy**  
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STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GRAY DAVIS, GOVERNOR

## Exemptee Training Declaration

### TO BE COMPLETED BY APPLICANT (please print or type)

Name of Applicant			Residence Telephone Number (      )	
Residence Address	Number and Street	City	State	Zip Code

### To be completed by the person having direct knowledge of applicant's training

(Please print or type. Check one box)

The individual applying for certification as an exemptee in California has completed training required by Section 4053 of the California Business and Professions Code that addresses, at a minimum:

- ☐ Knowledge and understanding of state and federal laws regarding the distribution of dangerous drugs and dangerous devices;
- ☐ Knowledge and understanding of state and federal laws regarding the distribution of controlled drugs;
- ☐ Knowledge and understanding of United States Pharmacopoeia standards for the safe storage and handling of drugs;
- ☐ Knowledge and understanding of quality control systems; and
- ☐ Knowledge and understanding of prescription terminology, abbreviations, dosages and format.

This training was provided by \_\_\_\_\_  
(Name of company, school or individual providing the training)

From \_\_\_\_\_ to \_\_\_\_\_ Number of years \_\_\_\_\_  
(month/day/year) (month/day/year)

**DO NOT state "current, present or still employed" (use exact dates)**

### Name and Address

Name of Person Having Direct Knowledge of Training	Address	City	State	Zip Code
Business/School Name or Training Provider		Telephone		

I declare under penalty of perjury under the laws of the State of California that all statements given herein are true and correct.

\_\_\_\_\_  
Signature of Person Having Direct Knowledge of Applicant's Training

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date